AMENDMENT AMENDMENT **PAID FOR** Total Minus Independent Minus FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

	RATE	TIONAL FEE		RATE	TIONAL FEE
	X\$ 9=	•	OŘ	X\$18=	
	X43=		ÖR	X86=	
	+145=		OR	+290=	·
ADDIT. FEE			OR	TOTAL ADDIT. FEE	

^{*} If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

[&]quot;If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

[.] The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.